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DEPARTMENT OF STATE A/CDC/MR
REVIEWED BY W. H. H. H. DATE 3/9/64
RDS ☐ or XDS ☐ EXT. DATE _____
TS AUTH. _____ REASON(S) _____
ENDORSE EXISTING MARKINGS ☐
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RELEASABLE ☐ in part B6
PA or FOI EXEMPTIONS _____

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